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Book reviews

Forensic CBT. A Handbook for Clinical Practice, Raymond Chip Tafrate, Damon Mitchell (Eds.). John Wiley & Sons, Ltd. (2014). ISBN: 979-1-119.95329-6 (cloth)

This book is aimed at (clinical) practitioners and provides a selection of 23 individual chapters in addition to the Introduction. The focus is on the application of Cognitive Behaviour Therapy (CBT) models to the assessment and treatment of prisoners and community patients, mode of delivery (i.e. individual versus group), and a range of psychological problems (e.g. antisocial patterns, anger, interpersonal violence, substance abuse, and sexual aggression). Many of the chapters demonstrate the influence of the 'Risk–Need–Responsivity' model and motivational interviewing on current programmes. Part III presents three chapters aimed at "Tailoring CBT to Special Forensic Populations"; these populations involve women, juveniles and cultural factors in offending. The book ends with five recommendations about good clinical practice (e.g. minimize confrontation, discuss impact of antisocial patterns, focus on relevant beliefs and risk factors) and highlights five topics that need further attention (e.g. trauma history, intellectual disabilities).

I very much enjoyed reading this book; it contains excellent chapters, and demonstrates the advances that have been made in recent years in the understanding and treatment of offenders. There is no doubt that this book will be of immense interest and use to practitioners. The book is very informative of what is currently available for treating offenders and includes user-friendly forms, worksheets, and examples of case histories, which will aid the practitioner. The book offers hope to practitioners who have to deal with challenging offenders, most of whom lack motivation to change. In short, I found reading this book fascinating and inspirational.

I would like to have seen something written about the challenges of treating seriously mentally disordered offenders and those with attention deficit hyperactivity disorder (ADHD). For example, the innovative Reasoning and Rehabilitation Cognitive Skills Programmes by Susan Young and Bob Ross^{1,2} for people with severe mental illness (R&R2MHP) and ADHD (R&R2ADHD) are gaining increased evidence base.

References

1. Young SJ, Ross RR. *R&R2 for youths and adults with mental health problems: a pro-social competence training program*. Ottawa: Cognitive Centre of Canada; 2007. www.cognitivecentre.ca.
2. Young SJ, Ross RR. *R&R2 ADHD for youths and adults: a prosocial training program*. Ottawa: Cognitive Centre of Canada; 2007. www.cognitivecentre.ca.

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Post Mortem Fingerprinting and Unidentified Human Remains, M. Mulawka. Anderson Publishing/Elsevier, Amsterdam, Boston, Heidelberg, London, New York, Oxford, Paris, San Diego, San Francisco, Singapore, Sydney, Tokyo (5 March 2014). Soft cover, 142 pp. £15.19 www.amazon.com, and £13.67 as a version for Kindle™

This concise, well-illustrated book delivers per its title. It is logically organized, starting with laboratory workflow and the diversity of techniques for acquisition of fingerprints *post mortem*. A necessary diversion into fingerprint records and how to search them comes next (with useful templates for written inquiries in an Appendix); this is a diversion because it is rational that fingerprint databases and search strategies are not artificially partitioned into records obtained *ante* or *post mortem*. Case management, cold case investigations, mass fatalities, and some prospectus for the future then conclude the volume as special topics. There is a sound reference list.

It is axiomatic that a deceased unidentified person is commonly a missing person. Fingerprinting is often the key and is economical in comparison to authentic DNA comparisons. The variable *post mortem* interval, allowing putrefaction, immersion, mummification, etc., may cause degradation of the friction ridge skin on the fingers and thumbs. The variety of techniques that can be used to counter this loss of information are described in detail in this volume and are usually well-illustrated, although injection techniques might have justified more detailed photography.

The need for a *vade mecum* such as this is emphasised when one hears tales of mass casualties where hands were amputated *post mortem* for storage at low temperature because those at the scene and at the immediate mortuary did not know what else to do. Equally, many of the methods described in this book are non-destructive, and therefore offer several alternative attempts to recover fingerprints *post mortem* from the same hand.

The book does not make any quantitative comparisons between information obtained by different methods. This is probably wise.

Any such adventure (which is recommended as a potentially fruitful field for research henceforth) would, at this stage, demand some sort of 'gold standard' to which *post mortem* fingerprints developed by various techniques and from remains in various states of decomposition might be compared. If, presumably, *in vivo* fingerprints were that 'gold standard' then such experiments would be extremely hard to perform. These problems obviously add to the occasional discrepancies between expert opinions on matching fingerprints taken under the best of circumstances. This book might, therefore set a common baseline on *post mortem* fingerprints; we have here a categorization or classification of *post mortem* fingerprinting methods that could easily underpin comparative clinical research. From here, the development of quantitative evidence comparing techniques and identification rates (compared to DNA etc.) could begin.

Net, the author should be congratulated on collecting together the various methods of taking and comparing fingerprints obtained *post mortem*. A basis for research is well-founded in this volume.

The price of this volume is very reasonable, although one wonders whether a small increment to support colour photographs would have been worthwhile.

Ethical approval

None.

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Conflict of interest

None.

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